

Howell Township Public Schools  
**Permission to Self-Administer Emergency Medications**

Howell Township Board of Education Policy 508 allows for the self-administration of medication for potentially life-threatening conditions only. A life-threatening condition is a condition that requires an immediate response to specific symptoms that if left untreated may lead to potential loss of life, for example: adrenaline for anaphylaxis, inhalers for asthma. This medication order will remain in effect for the current school year. Please note it is the parent's responsibility to ensure that the medication carried by the child has not reached its expiration date.

\*\*\*\*\***Part I – To be completed by physician**\*\*\*\*\*

The student named below has a potentially life-threatening condition. This student has been instructed in the proper method of self-medication for this condition and is capable and responsible to self-administer.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Potentially Life-Threatening Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

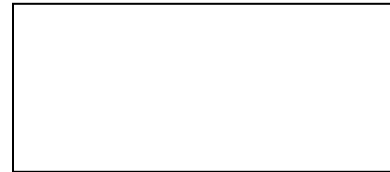
Additional Instructions: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Physician's Name (please print): \_\_\_\_\_ Telephone: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Physician's Stamp

\*\*\*\*\***Part II – To be completed by parent/legal guardian**\*\*\*\*\*

I, as parent/guardian of \_\_\_\_\_, request the Howell Township Board of Education to permit my child to carry and self-administer the emergency medication as prescribed above by their physician. My child understands the proper use of this medication and will be responsible for it. I hereby agree to indemnify and hold harmless the Howell Township Board of Education and its employees/agents from any and all losses, claims, injuries, damages or expenses arising from the self-administration of medication.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

School Physician \_\_\_\_\_ Principal \_\_\_\_\_